

Farmers' Market Nutrition Program (FMNP)
Office of Children's Services/WIC
130 Seward Street, Room 508
Juneau, AK 99801

Ph: (907) 465-3100

Application for Farmers' Market Authorization - 2008
(please print – due by May 15, 2008)

Farmers' Market Name _____

Physical Location of Market _____

Name of Manager or Contact Person _____

Phone _____ Fax _____ Email _____

Mailing Address _____ City/State _____ Zip _____

Manager/Contact Signature _____ Date _____

Type of Market Organization: ___ cooperative ___ corporation ___ other (specify)

Expected Dates and Hours of Market Operation:

Season starts _____ Season Ends _____

Days of Week

Hours Open

List of farmers expected to sell produce at the market:

(Individual farmers must submit applications and, if approved, sign agreements.)

Name of Farm	Owner Name(s)	Phone Number

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